

**AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION
AFTERCARE DRUG ABUSE PROGRAM
SINGLE, SHORT TERM USE**

I, _____ ,
(Client)

authorize _____
(Aftercare Contractor)

to disclose to _____ the following information
(Recipient)

This disclosure is for the purpose of _____

Specification of the date, event, or condition upon which this consent expires:

(Parent or Guardian)

(Client Signature)

(Date)

(Witness Signature)

(Title)

(Date of Signatures)